

This is the accepted version of a forthcoming article that will be published by Sage in *Feminism & Psychology*:

<http://fap.sagepub.com/content/by/year>

Accepted version made available via SOAS Research Online: <http://eprints.soas.ac.uk/23079/> under the [CC-BY-NC License](https://creativecommons.org/licenses/by-nc/4.0/)

The Bio-Politics of Population Control and Sex Selective Abortion in China and India

Navtej Purewal, SOAS University of London

Lisa Eklund, University of Lund

Abstract

China and India, two countries with skewed sex ratios in favour of males, have introduced a wide range of policies over the past few decades to prevent couples from de-selecting daughters, including criminalising sex-selective abortion (SSA) through legal jurisdiction. This article aims to analyse how such policies are situated within the bio-politics of population control and how some of the outcomes reflect each government's inadequacy in addressing the social dynamics around abortion decision-making and the social, physical and psychological effects on women's well-being in the face of criminalisation of SSA. The analysis finds that criminalisation of sex selection has overall not been successful in these two countries and finds that the broader economic, social, and cultural dynamics which produce bias against females must be a part of the strategy to combat sex selection rather than a narrow criminalisation of abortion which endangers women's access to safe reproductive health services and their social, physical and psychological well-being.

Key words: abortion, sex selection, India, China, criminalisation, biopolitics, biopower

Introduction

The 'missing women' polemically identified in economist Amartya Sen's seminal piece 'More than 100 Million Women are Missing' in 1990 attributed global trends of masculine sex ratios to daughter de-selection before and after birth. China and India are two countries which show parallels with one another in terms of discrimination against females, suggesting complex cultural and economic roots of reproductive behaviour. Against the backdrop of a global 'norm' of 105 males to 100 females, China and India show significant skews towards males, with sex ratio at birth (SRB) at 118 and 111 respectively (National Bureau of Statistics of China 2011 and Census of India 2011)¹. Sex ratio imbalance has been recognised by the Chinese government as a threat to development, affecting harmonious and sustainable development, and ultimately the peace and stability of the country (SFPC 2002). In India, alongside pursuing a Malthusian approach towards population control, the government has embarked on stigmatising female de-selection by employing the label *kurimaru* (transl. daughter-killing) in its official discourse on sex selective abortion (SSA).

Even more significant parallels between the two countries, however, pertain to how population campaigns and government policies which aim to incentivise the birth of girl children and to deter and criminalise sex selection are shaping an emerging bio-politics of son preference and sex selection which has had disciplinary rather than transformational effects (Purewal 2014). In both contexts, the banning of sex-selective abortion (SSA) has resulted in the state's use of measures of criminalisation which have both attempted to ban abortions based on gender discrimination while evoking gender-laden symbols and notions (Eklund 2011; Purewal 2014 and 2010).

Recent moves in a number of Western contexts such as the EU, the UK, and across the United States, have shown that criminalisation as an approach towards abortion is not limited to Third World or developing country contexts. Moreover, sex selection, not least in relation to Asian cultural preference for sons, is being contested by both pro-choice and anti-abortion advocates. Thus, SSA presents a conundrum between gender discrimination against the birth of female babies and the reproductive rights of women to have access to safe abortion (Purewal and Eklund Forthcoming). These recent shifts in rhetoric around abortion call for an analysis of how the two countries with the most skewed sex ratios have addressed the problem through various policy responses. Hence, drawing on secondary sources and census data, the purpose of this article is to analyse how China and India, which in this article constitute two cases studies, have devised policies showing various aspects of criminalisation, in order to reduce sex ratio imbalance. Before analysing the two country cases, some theoretical concepts which will guide the analysis will be presented. Before concluding with an argument highlighting the dangers of criminalisation of sex selective abortion, the

results of the two country cases will be discussed in relation to recent literature on psychology and feminism with regard to sex-selective abortion.

Theoretical points of departure

SSA is a practice which takes place at the individual level, but which has repercussions at the population level if it consistently and predominantly involves the abortion of female (or male) fetuses. It therefore concerns both bio-power (“women-as-species”) and bio-politics (“woman-as-body”) (Foucault 2009). In other words, the issues of population control and skewed sex ratios against females are concerns at the population level, but policy and state approaches reflect a ‘disciplining of the sex ratio’ through the targeting of ‘woman-as-body’ in the criminalisation of SSA. It is at this juncture between the bio-power and bio-politics of the sex ratio where this article aims to focus its attention, specifically with regards to how the bio-politics of both population control and SSA have targeted women’s supposed agency without adequately addressing contexts in which son preference inflects decision-making around abortion. Below follows an account of theoretical perspectives on SSA drawing on existing research from feminist, psychological and bio-political standpoints.

Sex-selective abortion: debates about ‘gendercide/femicide’

The concern that women and girls suffer reproductive discrimination has long been of concern and was noted as early as the 18th century by British colonial administrators, when female infanticide was documented and eventually codified in the Census of India. In the mid 1970s, the term femicide became a popular term to depict the practice, drawing attention to females being ‘deselected’ by the sheer fact they were female and nothing more. A more recent term is gendercide, which was coined by the feminist philosopher Mary Anne Warren in her book *Gendercide: Implications for Sex Selection* (1985). Warren’s book was published at a time when sex-selective abortion was less known and a practice which often took place in the second and third trimester, which points at both ethical dilemmas and concerns over the health of the mother². Still, Warren (1985), made a strong case for not regarding sex-selective abortion as gendercide, although, she contended, it may lead to gendercide. Rather, she argued, sex-selective abortion fell within the domain of reproductive choice and was regarded a fundamental right of women. Warren later shifted her position and argued for sex-selective abortion to be ethically defensible only in contexts where there was no gender (son) preference (Warren 1999). However, that position was criticised from a feminist point of view, arguing that sex-selective abortion then would become a right for privileged women, mostly in the Global North, and that the universal rights for women to decide over their bodies would be compromised, linking back to Warren’s earlier arguments. Other feminist critiques of the right to abortion point to the fact that unless women have the institutional and cultural backing to form and act on their choices, granting rights (to abortion) carries less

meaning (Smart 1989). Feminist critiques of sex-selective abortion have further framed the practice as an act of violence (Goodkind 1999), drawing attention to the rights of the female foetus, rights which are normally associated with anti-abortion claims. Indeed, both 'femicide' and 'gendercide' have been part of the conflating and misleading rhetoric surrounding the debate of sex-selective abortion.

Disciplining sex-selective abortion

Bio-power, as conceptualised by Foucault (2009), represents the disciplinary power which nation-states employ in controlling populations through technologies of power. Defined literally as "power over bodies", bio-power is "an explosion of numerous and diverse techniques for achieving the subjugations of bodies and the control of populations." Bio-politics, on the other hand, represents the interventions and new technologies which are exerted as social and political power over life (Foucault 1997). At the level of bio-politics (specific interventions), there are few arguments from feminist and psychological points of view for disciplining SSA. However, at the level of bio-power, the negative consequences of sex ratio imbalance have provided arguments of disciplining sex-selective abortion through criminalisation. The function of criminalising sex selection can be viewed from different normative perspectives. Drawing inspiration from sociologist Claude Fauriol (1995) who in her study of prisons differentiates between 'imprisonment of safety', 'imprisonment of differentiation', 'imprisonment of authority', criminalising SSA can be regarded as serving different parallel functions. Within the "criminalisation of safety" individuals would through criminalising sex selection be prevented from causing harm, in this case to the unborn female foetus/"girl child", a stance which seems to unite some feminist activists and proponents of the anti-abortion movement. This perspective has constructed sex selection as a 'social evil' in a criminalising sense which has added a new layer of "bio-politicisation" (Foucault 2009) to abortion. As has been widely acknowledged in the field of criminology through the work of Goffman (1964), stigma which is implicit in the notion of "social evil" is significant to the continuation and reproduction of social inequalities. In furthering the critique of the criminalisation of SSA, we agree with Hatzenbuehler et al's (2013) critique of the criminalisation produced out of deviance and stigma in their argument that 'policies and interventions must address the social factor itself, rather than the putative mechanisms that link this factor to health' (Hatzenbuehler et al 2013: e1). From the normative perspective of "criminalisation of differentiation" groups of people deemed undesirable, such as individuals possessing son preference, would be prevented from acting on their preference. From the normative perspective of "criminalisation of authority", criminalising sex selection would reaffirm the prerogatives and powers of the state. Identifying SSA as a social evil complicates not only the 'bio-politicisation' of abortion, but also the use of disciplinary social control through "abnormalisation"

of SSA, expanding the field of bio-power through the performativity of authority of the state (Alexander 2011).

It is here that feminist engagements with abortion and the state highlight how the criminalisation approach places women and women's social, psychological and physical well-being at risk. As outlined by Faugeron through the normative perspective "criminalisation of safety," the pregnant woman is posited as a potential perpetrator governed by societal forces and pressures but which is also the site where such forces can culminate in the act of criminality - sex selective abortion. In India and China, the evolving bio-politics of sex ratios is intertwined with how sex selective abortion has been engaged with by feminists, the medical profession and the state. However, in what Menon (1995) calls an 'impossibility of justice', there is an implicit and reductive assumption within state laws to ban sex selective abortion that universal justice can be achieved through legal jurisdiction. This sets up a flawed and systematically perpetuating enactment of abstracted 'rights' alongside their denial. According to Kapur and Crossman (1996), it is important to understand how the family, which is both a site of women's struggle and suppression, is then further encased within state's legal frameworks shaped by and reinforcing a familial and patriarchal ideology in its regulation of the normative family. Thus, while sex selective abortion has been banned and criminalised by the state, son preference, which generates the reasoning behind daughter de-selection, remains outside of the remit of law and, to the contrary, as we will highlight, even forms the basis of many anti-sex selection campaigns in China and India. Our selection and analysis of the two country cases China and India follows in pointing to the fraught relationship between abortion and sex selection in two countries where criminalisation has informed policy and outcomes.

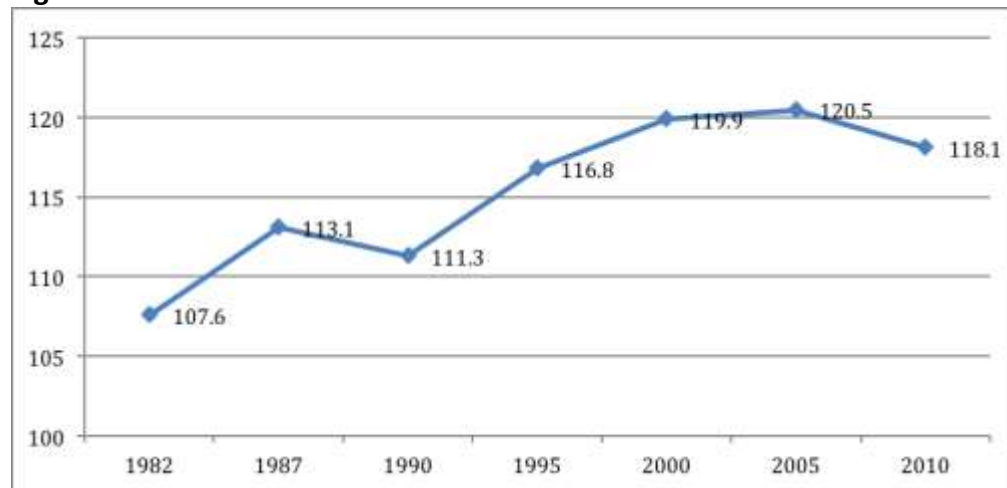
The case of China

Abortion in China was unregulated before the establishment of the People's Republic of China in 1949, but was banned during the Mao era (1949-1976), mostly due to the state's pro-natalist ambition (Cao 2015). However, the population question has shifted dramatically in China. The Reform era (since 1978) has been characterised by an anti-natalist policy regime, where excess births have been regarded as a (national) 'safety' issue, and the so called one-child policy implemented since 1979 effectively represented a criminalisation of safety, preventing excess births, criminalisation of difference, preventing couples from acting on high fertility preferences, and criminalisation of authority, transferring unprecedented powers to the state in the field of reproduction. Consequently, in the beginning of the 1980s. the abortion ban was officially lifted (Cao 2015). Moreover, readily accessible abortion services were key to implementing the population policy, and abortion rights were largely driven by population control concerns and not by concerns over women's reproductive and

sexual rights. In fact, the women's movement in China has never had access to safe abortion as a key cause of concern.

However, the population was by and large not ready for accepting the idea of having one child only, let alone the idea of not having a son (Greenhalgh and Winckler 2005). Consequently the implementation of the policy met resistance, and in the quest of curbing policy incompliance, forced abortion was used as a tool of the state (Nie 2005) to ensure that the 'safety' issue of excess births was controlled. In parallel, a policy shift was in the making and by 1988, most provinces allowed rural families to have a second child if the first child was a girl, essentially sanctioning the idea that sons are necessary for the fortunes of rural families (Eklund 2011). Still, the urge to have a son could not fully be met by the '1.5 child-policy' and the technology used to screen women for unauthorized pregnancies coupled with readily available abortion services soon offered a route for SSA. As Figure 1. illustrates, SRB was 107.6 in 1982, but increased to over 120 in 2005, before it dropped modestly to 118 in 2010. SRB was particularly skewed in rural areas, but increased also in urban areas. By 2005, SRB in rural areas was 123 and 117 in urban areas. Moreover, sex-selection has taken place mostly at higher parities as evident from the fact that in 2005, SRB for the first parity was close to normal, while SRB for the second and third parity was 143 and 156 respectively.

Figure 1: China's sex ratio at birth 1982-2010



Source: *China Census*

Note: Table reflects the sex ratio as number of males per 100 females

Although the one-child policy cannot alone be blamed for the surge in SSA in China, it has contributed to exacerbating the problem (Nie 2010), both by setting fertility rates artificially low, and by making sex-selective technology readily available. Moreover, SSA did contribute to keeping birth rates down. The birth of an unwanted unauthorized child constituted a "lose-lose" situation for both couples (who would be fined) and family planning cadres (who would fail to meet their target of no unauthorised births). Effectively, women were expected to

undergo abortion in order to be ‘good mother subjects’ in the Chinese state-building project where reducing fertility was a common good (Cao 2015). In some cases, therefore, medical staff were incentivised to turn a blind eye to SSA, capitalizing on the belief that sons are essential in order to keep the birth rates down (Eklund 2011). The use of targets and quotas, detailing numbers and frequencies of new births, gynaecological check-ups and sterilisations, which characterised population control in China at least until the late 1990s, has left a legacy of an “administrative approach” to disciplining reproductive behaviour. Part and parcel of this administrative approach is abortion (forced and voluntary) which has been instrumental in adhering to targets and quotas. Even today, local government officials are evaluated based on whether they can avoid unauthorised births within their jurisdiction. Failing to do so may lead to demotion or loss of position altogether. There are thus administrative measures built into the population control system, with repercussions beyond government officials working with population control directly, incentivising local government officials to turn a blind eye to sex-selection.

Evolution of Chinese government policy on sex selection

Although abortion was an important measure in underpinning the utility of criminalisation of sex selection for population control purposes, a normative function of criminalisation of sex selection in the context SSA (for the safety of the girl child) emerged early on. Already in 1986, the State Commission for Family Planning and Ministry of Health jointly promulgated a regulation that prohibited prenatal diagnosis, except when to diagnose certain hereditary diseases. This regulation was subsequently reaffirmed in several circulars (in 1989, 1990, 1993) issued by these two authorities (Peng 1997 in Nie 2010). In 1994 the Law on Maternal and Infant Health Care criminalized not only sex identification of the foetus (unless medically motivated), but also SSA. The Law on Population and Family Planning (2002) also stipulates that sex-identification and SSA is illegal. Moreover, most provinces have in their regulations operationalizing the FP Law removed the right to have a second child in case it can be proven that the woman has undergone SSA (Eklund 2011). Hence, the population control policy and the policy to prevent SSA were partly contradicting each other in the ways in which abortion was controlled (or not), contributing to a discord at the levels of both bio-politics and bio-power.

Schemes and campaigns

As evident from Figure 1, criminalising SSA proved ineffective in curbing SRB imbalance. Recognizing the need for a broader approach, the Chinese government launched the “Care for Girls Campaign”, with the three-fold objective to 1) improve the value of the girl child, 2) promote gender equality, and 3) normalize the imbalanced SRB by the year 2020 (CGC 2006a). The Campaign was

piloted in 11 counties in 2003 and in 13 counties in 2004, and has since been scaled up to a nation-wide campaign (Li 2007; Wei and Gao 2007). An interim goal was to reduce SRB to 115 by 2015, a goal that is not on track to be met (NHFPC 2014).

The activities of the Campaign fall into five main components: 1) Undertaking awareness raising and advocacy campaigns to promote “new marriage and childbearing customs”, 2) Strengthening reproductive health services and management, 3) Launching beneficial socioeconomic policies for one child or two daughter families, 4) Strengthening management of sex determination and SSA, and 5) Improving statistical and reporting systems (CGC 2006b). Important ingredients in the Campaign have been to foster “good citizens” (Eklund 2011) and, for example, daughters-only households have received awards and extra premiums (Murphy 2003). The activities within the campaign largely have disciplining and controlling effects, which Murphy (2014) suggests is a “care as control” policy response by the state, ignoring the institutional underpinnings of the problem. Moreover, Eklund (2011) found that by capitalizing on stereotypical and essentialist gender norms in its information and awareness campaigns, the Campaign fosters a discourse of gender difference, partly contradicting the objective of promoting gender equality. China has been less successful in bringing about gender equality reform, and female labour force participation, the gender wage gap and female political participation all expose negative trends in recent years (Attané 2012).

Results and outcomes of policies

It is hard to know to what extent institutions known for underpinning son preference are changing by just assessing SRB, given the controlling approach by the government (Eklund 2011; Cao 2015), which may lead to under reporting or misreporting. At the national level, SRB has come down moderately to 118, suggesting that change is at best incremental. Still, no systematic evaluation of the Campaign exists, but it is clear that the one-child policy itself interferes with its objectives and activities, as outlined above.

One challenge in controlling sex-selection pertains to the fact that SSA requires two activities that often take place in isolation of one another. First, the sex of the foetus has to be identified, and subsequently an abortion has to be induced. These activities can take place in two different service deliver points and the medical staff performing the induced abortion may be unaware of the true motives for terminating the pregnancy. In fact, investigations suggest that many SSAs take place within the health system (and not the family planning system³). In addition, a proliferation of private (and sometimes informal) practitioners makes oversight and monitoring of both sex-identification and abortion services hard. Moreover, the landscape in which sex-identification is taking place is shifting, with

new technologies entering the market. Tests determining the sex of the foetus through a blood sample of the pregnant mother have flourished in recent years and since 2013 the Chinese government has punished more than 11000 cases where sex-identification tests were misused (NHFPC 2014).

Another challenge preventing SSA pertains to cross-border movement, where more affluent couples can seek sex-selective services in Hong Kong and other countries (Basten and Verropoulou 2013). Sending sex identification blood tests to Hong Kong, means that the controlling of blood tests goes beyond the jurisdiction of the Chinese government (NHFPC 2014). Moreover, there is rampant corruption, as evident from the fact that those with financial resources and networks have even higher skewed SRB. Data from the province of Hainan illustrate this point. In 2005, SRB was 136 in Hainan. Disaggregated further, SRB was 170 for government employees, 222 for professionals and 250 for the heads and senior officials of government bodies, state-owned enterprises and government organizations (He 2006).

These challenges and developments suggest that controlling and disciplining foetal sex-identification and SSA is becoming increasingly difficult and that institutional change fostering equal value of girls and boys is more needed than ever before. However, with the phasing out of the one-child policy in 2015 and its conversion to a two-child policy in 2016, the subsequent era of Chinese population politics will be revealing of whether and how SSA and daughter de-selection will continue to shape the bio-politics of population control.

The Case of India

Without the centralized authority which China yields, India has not had the same ability to promote any such policy as the one-child policy. Instead, however, the bio-politics of sex selective abortion in India exists within the backdrop of the colonial state's criminalisation of abortion, on the one hand, and, on the other hand, subsequent postcolonial policies to decriminalise induced abortion meanwhile criminalising sex selection which has had contradictory demographic and ideological outcomes. India's abortion law, which was originally enacted in the Indian Penal Code of 1860 had, until as recent as 1971, declared induced abortion illegal. The Indian women's movement and lobbyists from within the medical profession mobilised for a national campaign against unsafe abortion which resulted in the legalisation of abortion in the Medical Termination of Pregnancy Act (MTP) of 1971⁴ (Visaria et al 2007). Subsequently, however, controlling population growth, rather than improving reproductive health and well-being, has been the priority of India's population policies since its inception. India is cited to have been the first country in the world to introduce state-led family planning initiatives in 1952 and the first developing country to legalise

abortion in 1971 (Visaria 2007). Throughout the 1960s and 1970s India was consistently highlighted by the international community for its “population problem” with respect to poverty indicators in line with USAID (US Agency for International Development), the World Bank, and the Asian Development Bank’s insistence that population control would be a condition for development aid. Seen through a Malthusian lens as an impediment to economic development, India’s rate of population growth featured prominently as a priority for the Indian Planning Commission which adopted a vertical approach of population control through male and then female sterilisation. While the reduction in the average number of children born per woman in India shows a fall from 5.2 to 2.6 between 1972 and 2008 (Registrar General of India 2008), the foreign aid-driven target approach towards population control shaped the coercive and incentivisation strategies of the government from the onset.

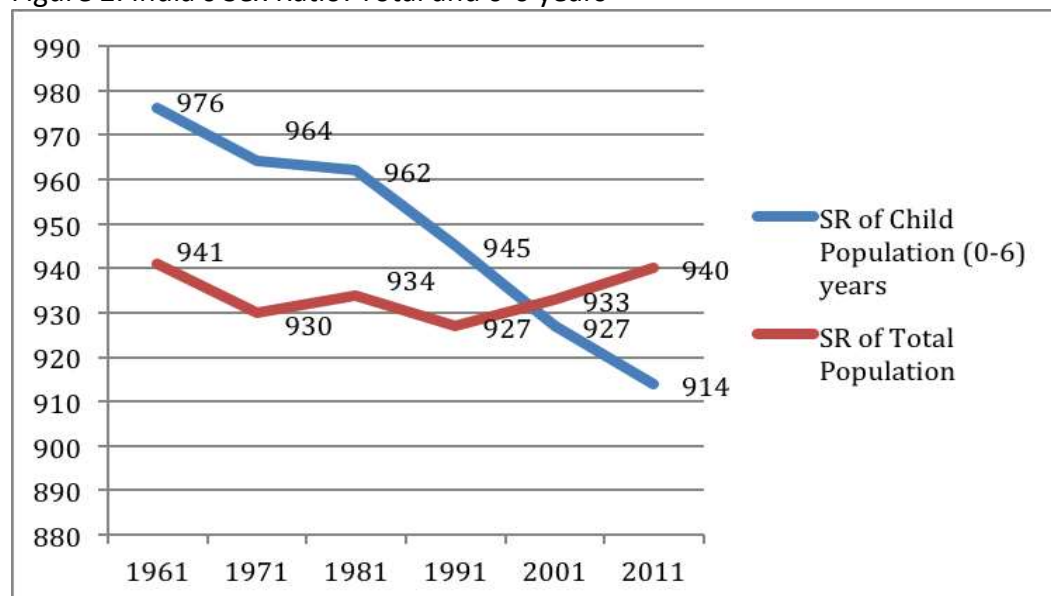
Indeed, USAID had threatened in the early 1970s to withdraw funding towards development assistance until the Indian government was seen to be sufficiently targeting population growth. In attempting to show it was tackling its “population problem,” Prime Minister Indira Gandhi’s government embarked on an unpopular forced sterilization campaign in the mid-1970s when an estimated six million (Kasun 1999), mainly poor, men were sterilized by force or coercion during the twenty-two month “state of emergency” between 1975-1977, showing how politically charged the population question had become in India. One village agreed to 100% of all couples to undergo sterilization, mainly vasectomy, in exchange for the installation of a tubewell (Ibid). While the public verdict was that male reproductive ability was a perilous target politically given the number of deaths and illnesses caused by the procedures not to mention the perceived attack on the masculinity of the masses and the poor it represented. Population campaigns subsequently turned more robustly towards women, birth control, and tubal ligation. The pattern of utilizing coercive and incentivised measures was established during this time period, signifying an administrative approach to reproductive health, something which would continue in subsequent decades in relation to other reproductive health issues, not least sex selection.

The government-projected slogan *Hum do, hamaare do* (transl. “We two, our two”) disseminated the model of a universal family size of two children in contrast to the 5.1 average in 1971-73 in promoting the ideal of two children. *Hum do, hamaare do* was painted on freight trucks across the country. The Indian postal service issued envelopes with the message “for happy married life please be in touch with the Family Welfare Centre”. Population control and the ideal family size had become a ubiquitous message for a range of slogans across India.

Evolution of Indian Government Policy on Sex Selection

The population question (i.e. population growth) quickly revealed through the sex ratio that son preference and the social context of reproduction was “an indicator of the politics of reproduction” (Patel 2007) could not be removed from people’s reproductive decision-making, and that targets alone would not produce sustainable results. While India’s population growth rates had indeed dropped from 5.1 in 1971-73 to 3.2 in 1996-98 (Registrar of India 1998), fertility rate patterns highlighted an increasingly complex picture. While some couples were continuing to have large families in order to ensure the survival of male children for livelihood, security, and status concerns, others were having fewer children but, due to availability of pre-natal sex identifying technologies, were able to “sex select” within this smaller number of children resulting in an intensification of male bias (Das Gupta and Bhat 1997; Basu 1999).

Figure 2. India’s Sex Ratio: Total and 0-6 years



Source: Census of India from 1961 to 2011

Note: Table reflects the sex ratio as number of females per 1000 males

Figure 2 highlights the intensification of male bias most notable from the early 1980s when new reproductive technologies, such as amniocentesis and the ultrasound scan, became widely accessible. Sex selection, which had previously been termed “female infanticide” prior to the availability of reproductive technologies, was now named “female feticide” by the Indian women’s movement who mobilised against the use of reproductive technologies for de-selecting females prenatally (Gandhi and Shah 1991). The conflation of abortion and sex selection within the term “female feticide” has had problematic implications for abortion rights, highlighting the inability of the Indian women’s movement to engage with the broader issue of defending women’s rights to safe abortion. The use of the ultrasound scan and other diagnostic methods for sex

selection were banned under the 1994 Pre-Natal Diagnostic Techniques (Regulation and Prevention of Misuse) (PNDT) Act and subsequently the 2003 Pre-Conception and Pre-Natal Diagnostic Techniques (Prohibition of Sex Selection) Act, which were largely outcomes of the Indian women's movement's lobbying. However, as Figure 2 shows, illegalisation of sex selection did not improve the downward trend in the ratio of females to males which sheds light on the problematic conflation of sex selection and abortion in India (Potdar et al 2015).

Campaigns and schemes

After the 1994 and 2003 acts, it became clear that criminalisation of SSA was not improving the demographics of SRB. Therefore, a range of identifiable campaigns and schemes to address social attitudes towards daughter discrimination were introduced in presenting a simultaneously prohibitive and seemingly preventative state narrative signifying "criminalisation of safety", to protect the girl child, "criminalisation of differentiation" by prohibiting and preventing couples to act on son preference, and "criminalisation of authority", to grant powers to the state, albeit to a much lesser and explicit extent than in China. We locate three identifiable types of programmes in India within this criminalisation framework which have been promoted by central, state, and local/union territory governments: 1) sensitizing schemes, 2) incentivising schemes, and 3) deterrence schemes.

Sensitisation schemes have been an ever-present feature of public social awareness in India since the decade of the girl child (1990-2000). The 24th of January was subsequently declared as national girl child day in India in 2009 and has since been marked each year at "anti-female feticide" events at schools, colleges and universities whereby students have produced posters, made presentations, and organized pledges to not undergo or partake in the act of SSA (Purewal 2014). Showing the changing official discourse and imperatives of the bio-politics of sex selection, the earlier mentioned *hum do, humaare do* campaign began to be replaced by the "Save the Girl Child" campaign which used images and slogans projecting the notion of protecting the girl child as a socially noble and charitable act, in a similar vein as the "Care for Girls Campaign" in China. The patriarchal underpinnings of son preference, which view women's existence primarily in relation to the male-headed household thus has not been challenged. The protocols of father to son inheritance, social relations, reciprocity, and exogamous marriage have not featured in these awareness programmes showing how superficial such campaigns have remained. Indeed, the BJP (ruling right-wing Hindutva party) Prime Minister Narendra Modi's *Beti Bachao* ("Save the Daughter") statement in his August 2015 address to the nation - "Mann Ki Baat (National Informatics Centre 2015) reverberates within this sensitization type of campaign in pronouncing the protection of the girl child while remaining silent on the structural cultural and economic dimensions of son preference which lead to pre- and post-natal discrimination.

Incentives designed to encourage couples to continue daughter pregnancies have taken the form of financial schemes facilitated by the banking sector to give support to the parents of female children in lieu of the burden which is associated with having daughters. “*Ladli*” (transl. “doted-upon daughter”) schemes have been introduced across Indian states and union territories such as Delhi and Chandigarh whereby the government makes contributions at milestone points in a girls’ life up until she reaches the age of eighteen when she can access the lump sum. Incentive schemes have, similar to the awareness-raising campaigns, avoided confronting the cultural backdrop of asymmetrical marriage dynamics between the girl’s side (bride) and the boy’s side (groom) and the dowry customs which burden the parents of girls. Instead, such schemes have appealed to the notion of daughters as financial burdens and have further sought to “sell” the idea of not committing female feticide by taking advantage of such schemes which seek to support the family in making savings for the costs to be incurred by having a daughter (Purewal 2010). However, as Mallik (2010) notes, the availability of sex selective technologies in societies where giving birth to sons awards women status, sex determination “allows women to gain control over what has earlier been seen as an immutable process of birth and kinship-building.” Similarly, the family context of women’s obligations and aspirations to reproduce a certain ideal patriarchal family (Unnithan-Kumar 2010) is implicit in reproductive decision-making, thus further relegating such incentive schemes to the massifying functions of the public SSA discursive sphere.

Deterrence describes the type of activities which emanate from the criminalisation of sex selection and represent the “criminalisation of authority” (Faugeron 1995). By representing the illegal and criminalized status of SSA, deterring campaigns wield the tools of state surveillance and punishment without the follow-up of prosecution. As a “criminalisation of authority”, surveillance through records managed by information technologies, bureaucratic systems, and the threat of “naming and shaming” has been a key government approach in India which has neither been heavy-handed in policing medical and reproductive health services nor has it been overtly interventionist in identifying and convicting perpetrators.

Results and outcomes of policies

Sex selection and population policy have a merged history in India and exhibit the ways in which Malthusian-inspired coercive techniques of population control have contributed to the “disciplinary blockade” around sex selection in India (Purewal 2014). While medical, social and feminist activists initially viewed the 1994 and 2003 legislation as victories, the fact that the sex ratio continued to decline while few cases emerged or resulted in legal action showed how criminalisation merely led to the emergence of an official anti-female feticide discourse in India. India’s evolving bio-politics of SSA which has been driven by a culture of patriarchy, son

preference and a technological route through abortion has, as a result, enabled a bio-politics of sex selective misogyny within which women are, as is evident in the 0-6 age sex ratio data, directly or indirectly making choices to selectively abort females due in part to a societal context in which daughters are viewed as weakening to a woman's status and security. The pressure upon women to produce sons is an integral part of reproductive decision-making in which women negotiate and bargain with patriarchy about their fertility under the radar of the rhetorical bio-power discourse on anti-sex selection.

Discussion: Psychological dimensions of son preference and sex selective abortion

As the two country cases have illustrated, the psychological facets of SSA have, to date, not been a point of departure for policy responses to SSA in China and India. Rather, they have been largely overlooked or unexplored. However, even though policy makers seem to have been unconcerned about the psychological dimensions of SSA, demographers, social scientists and feminists have commented extensively on how son preference inflects how abortion is perceived and accessed in contexts where daughters are viewed as detrimental to family-building strategies. Within these studies, there are several routes of inquiry which illuminate the need for further attention to the psychological dimensions of sex selective abortion. While there is no evidence to suggest that women suffer psychologically more (or less) from undergoing a sex-selective abortion compared to an abortion of a foetus where the sex is undetected, the social pressures to have sons and to de-select daughters show that the psychological dimensions are integrally tied to pregnancy and its social context. Indeed, as Puri et al state:

Far from being value neutral, medical technologies enabling sex selection mediate and modify pre-existing societal preferences for male children, facilitating a shift from female infanticide to more medically sanitized, legal ways of ensuring the birth of a son. (Puri et al 2011:1175).

Several studies have pointed to the psychological and physical consequences for both women and their daughters if an unwanted daughter is born (Arnold et al 2002). Both increased violence against such women (Rew et al 2013) and divorce have been documented (Bélanger 2003) as a result of women shouldering the blame and burden for giving birth to daughters. SSA therefore could be understood, in this light, as a 'preventative measure' taken by women as an alternative to female infanticide, as a means of saving a female child from a life of discrimination, or as a pre-empted avoidance of dowry obligations (Santhya & Verma, 2004). In Vadera et al's (2007) study of pregnant women attending an antenatal clinic in a government hospital in Jamnagar, Gujarat in India, 20.5 percent women of the sample admitted that they would undergo SSA if the diagnostic test identified a female fetus. Bhagat et al's (2012) study goes further in arguing that the higher propensity towards son preference, the higher the chances of female SSA being practiced:

People talk about you when you don't have a son. In order to shut their mouths having a son is a must. Also, a brother is required for a sister." [Adolescent group]
(Bhagat et al 2012: 96).

The extent to which SSA enables more choice for women who would otherwise be victimised for giving birth to female babies is highlighted in some of the literature which challenges the perception of reproductive technologies as furthering women's reproductive choice (Petchesky 1987; Purewal 2010). The pressures placed on women for acceptance by family and wider society problematize the notion of SSA as an option or 'choice' for women to either give them an opportunity to engage in a 'bargain with patriarchy' (Kandiyoti 1988) or to be subjected to coercive and structural forms of violence controlling women's fertility and autonomy. In recognising SSA-related violence, several studies (Miller et al. 2010; Thiel de Bocanegra, et al 2010) draw attention towards how reproductive coercion relates to intimate partner violence and, how SSA can be situated not only in relation to intimate partner violence but also to how extended family members contribute to reproductive coercion through silencing and refraining from protecting women who are subjected to coercion (Puri et al 2011). Further, having the 'choice' to sex selectively abort is not a choice which necessarily increases women's reproductive 'rights' or liberties but exemplifies how reproductive technologies undermine women's reproductive autonomy in the context of son preference. This, in our view, represents a silencing of the 'missing' subaltern voices of pregnant women through the epistemic violence (Spivak 1988) of hegemonic son preference ideology and discourse. A woman who, for instance, does not carry out SSA and proceeds with a pregnancy and delivery of a daughter may suffer psychologically, while another woman undergoing SSA may experience adverse psychological effects such as shame, guilt and regret (Puri et al 2011).

The psychological impacts of the pressures on women to 'produce' sons, to be accepted socially, and to adhere to the expectations of the son preference ideology in societies where it is latent or dominant, such as in China and India, are a concern for understanding how both the practice of SSA and the criminalisation of SSA will bear upon women. Our point here is that the biological and social dimensions come together in shaping women's psychological experiences of SSA, suggesting that potentially psychologically traumatic dangers of undergoing SSA cannot be alleviated by advancements in biotechnology despite the enablement of sex-identification at a much earlier stage in the gestation cycle, including through blood testing of the mother (Bianchi 2006). As Hollway (2016: 146) problematizes the "gender equality through erasure of difference" approach which shapes the identities and psychologies of pregnant women to be both feminine and "equal" through second wave feminisms's concerns around recognising caring roles, maternity leave, and pregnancy. She instead employs matrixial theory to transcend the binary logic of feminine/masculine implicit in second wave feminism in order to show how pregnant women's subjectivities are

unsettled by binaries and by the transcendence of these binaries. We would go further in the context of women confronting son preference and pressures to de-select females in arguing that where son preference and SSA are part of the decision-making process around pregnancy and abortion, the 'choice' to de-select a female-identified fetus places women starkly at the apex of the female/male binary with the 'choice' to act according to phallic reason (son preference and SSA) or the option not to de-select daughters. Indeed, the pressures on women to 'produce' sons and de-select daughters provides a backdrop to experiences of physical or psychological abuse or violence against women in the domestic sphere, as noted in studies carried out in India (Raj et al 2011; Rew et al 2013).

Resistance to systematic male/patriarchal proprietary control over women's sexuality and reproduction has been of concern for radical feminists in articulating violences that are exerted in order to curb women's autonomy (Wilson and Daly 1992). While the right to safe abortion services circulates as the dominant message within the global feminist movement within regard to reproductive health, the feminist movements in China and India have not focused on the right to safe abortion. Rather, in particular in the Indian context, framing SSA as "female feticide" or "femicide", advances arguments for limiting women's right to safe abortion. Moreover, son preference and SSA pose further questions to women both in terms of control (women's control over their bodies versus coercive control) and 'choice' (whether daughter de-selection is a form of violence or an act of 'choice'). The family as a site for structural violence requires examination for its systematic relevance in terms of how women are situated and situate themselves within economic and social structures. "Good daughters" waive inheritance rights, despite women's legal rights to inherit in India, in fear of being ostracised from their families or labelled "selfish sisters" (Kelkar 1992: 118). The psychological and social dimensions of women's positionality within the family in terms of productive and reproductive roles are systematically gendered. It is the social context (often framed by hegemonic son preference ideology) within which SSA's psychological impacts need to be better understood. This suggests that while the psychological (and physiological) costs of undergoing an abortion may have been more broadly reduced by reproductive technologies, the social context and social costs specifically in terms of SSA require another set of questions in assessing women's agency in decision-making, their understandings and articulations of 'choice,' and how this shapes the bio-politics of SSA and son preference.

Concluding remarks

In this article we have highlighted how government approaches to sex selection in China and India exhibit how coercion and criminalisation have produced disciplinary environments which have failed to address the underlying causes of male bias which are generating skewed sex ratios against females. Both countries

have long-standing track records of policy approaches towards sex selection. However, neither India nor China have shown efforts to consider women's well-being within the prevention of daughter de-selection or in the support of women from within the household and family level where the pressures around reproduction take place. While medical access to abortion and legal dimensions of SSA have prevailed, broader concerns with son preference and women's decision-making, 'rights' and well-being have been left out of formal responses to SSA in both contexts. Despite representing different types of political regimes, China and India reveal remarkable similarities in key challenges, approaches, and population policy outcomes, particularly in terms of criminalisation of authority, where the banning of SSA has contributed to the reasserting the prerogatives and powers of the state. While both countries have used distinctive approaches of criminalisation of SSA within their broader population control strategies, China has adopted a more interventionist and centralised population policy while India has had a less interventionist though discursively criminalising approach. Each context represents a particular bio-politics of population control which has shaped how each government has addressed sex selection.

The bifurcation of official and unofficial discourses explains how and why SSA has been able to continue despite the criminalisation of sex selection and why criminalisation and illegalisation have been counterproductive. This official discourse on sex selection has thus served the vertically directed policy function to "massify" (Foucault 2009) and criminalise SSA while the practice of SSA has largely continued through informal unregulated means. The decadal patterns of the skewed sex ratio highlight this most starkly. In India, the outcome of this has been the emergence of an "anti-female feticide" discourse accompanied by an administrative approach of quotas, targets, and surveillance of records. The threat of being 'named and shamed' as a tool of the 'criminalisation of authority' looms larger than actually being convicted of breaching the law, as virtually no cases are ever brought forward formally. In China, the outcomes of the administrative approach are similar, and show that the feminist and psychological aspects of SSA are absent from policy discourse and practices. It is apparent that criminalisation of sex selection exists alongside broader population policies and programmes within the bio-politics of SSA, shedding light on the contradictions which are inherent in population control, women's "rights", and criminalising SSA.

The economic, social, and cultural dynamics which produce bias against females must be a part of the strategy to combat sex selection rather than a narrow criminalisation of abortion which endangers women's access to safe reproductive health services (Ganatra 2008). As this article has demonstrated, the psychological impacts of SSA are manifold, not least in terms of the internalisation of the epistemic violence by not only women, men, and extended families, but also more broadly by societies in India and China which have been subject to disciplinary state population control and subsequently targeted programmes to save or care for girl children. Criminalisation with its various functions, be it for

safety ('protecting' the girl child), differentiation (preventing women with an intent to undergo SSA) or authority (to reaffirm the powers of the state) all fail to take into account the social, physical and psychological well-being of women.

This article has presented the dangerous scenario that criminalisation has posed in the cases of India and China where the governments have approached SSA as a matter of illegalisation failing to address the social backdrop in which women require support. The psychological consequences for women refuting SSA are not well understood or documented, pointing to an important area for future research. We argue that rather than other contexts looking to India and China in replicating draconian measures of coercion and criminalisation, policies which more concertedly address the socio-economic gender dynamics underpinning son preference need to be enforced. In order for those policies to be effective, more knowledge is needed with regards to not only how SSA impacts on society but also how SSA and the criminalisation of SSA effect women's social, physical and psychological well-being.

References

- Alexander, J.C. (2011) *Performance and Power*, Wiley/Polity.
- Arnold, F., S. Kishor and , T.K Roy (2002) Sex-Selective Abortions in India. *Population and Development Review*, 28:4, 759-785
- Attané, I. (2012) Being a Woman in China Today: A Demography of Gender. *China Perspectives*, 4, 5-15.
- Basten, S. and G. Verropoulou, (2013) Maternity migration and the increased sex ratio at birth in Hong Kong SAR. *Population Studies*, 67:3, 323-334.
- Basu, A. (1999) Fertility Decline and Increasing Gender Imbalance in India, Including a Possible South Indian Turnaround. *Development and Change*, 30:2, 237-63
- Bélanger, D. (2002), Son Preference in a Rural Village in North Vietnam. *Studies in Family Planning*, 33, 321-334. doi: 10.1111/j.1728-4465.2002.00321.x
- Bhagat N, Laskar AR and Sharma N (2012) Women's perception about sex selection in an urban slum in Delhi. *Journal of Reproductive and Infant Psychology*, 30:1, 92-104.
- Bianchi, DW (2006) At-home fetal DNA gender testing. *Obstet Gynecol.* 107:2, 216-218
- Cao, Weiwei (2015) Exploring "Glorious Motherhood" in Chinese Abortion Law and Policy. *Feminist Legal Studies*.
- CGC (2006a). *Care for Girl Campaign – A resource of knowledge*. The office of the Leading Group of the National Care for Girls Campaign, China Population House. [In Chinese]
- CGC (2006b) Operational guidelines for the Care for Girls Campaign. Beijing: China Population House. [In Chinese]
- Das Gupta, M. and P.N. Mari Bhat (1997) Fertility decline and increased manifestation of sex bias in India," *Population Studies* 51(3), 307-15.
- Eklund, L. (2011) "Good citizens prefer daughters": Gender, Rurality and the Care for Girls Campaign in T. Jacka and S. Sargeson (Eds.), *Women, Gender and Development in Rural China*, London: Edward Elgar. 124-142.

Faugeron, C. (1995) cited In Wacquant, L. (2001) 'The Penalisation of Poverty and the rise of Neo-Liberalism' in *European Journal on Criminal Policy and Research*, 9(4), 401-412.

Foucault, M. (2009) *Security, territory and population: Lectures at the Collège de France 1977–1978*. in M.S. Foucault, F. Ewald, and A. Fontana (eds.) Translated by Graham Burchell. New York: Palgrave-Macmillan.

Foucault, Michel (1997). *Society Must Be Defended: Lectures at the Collège de France, 1975-1976*. New York, NY: St. Martin's Press.

Ganatra, B. (2008). Maintaining access to safe abortion and reducing sex ratio imbalances in Asia. *Reproductive Health Matters*, 16(31), 90-98.

Gandhi, N. and N. Shah (1991) *The Issues at Stake: Theory and Practice in the Contemporary Women's Movement in India*. New Delhi: Kali for Women.

Goffman, E. (1964) "The neglected situation." *American Anthropologist*. Vol. 66. Issue 6.
http://onlinelibrary.wiley.com/doi/10.1525/aa.1964.66.suppl_3.02a00090/epdf

Goodkind D. (1999) Should Prenatal Sex Selection be Restricted? Ethical Questions and Their Implications for Research and Policy. *Population Studies* [serial online]. 49.

Government of India, *Provisional Population- Census* (2011), www.censusindia.gov.in

Greenhalgh, S. and E. Winckler (2005) *Governing China's population: From Leninist to neoliberal biopolitics*. Stanford, Calif.: Stanford University Press.

Hatzenbuehler, M., J.C. Phelean, B.G. Link (2013) Stigma as a fundamental cause of population health inequalities. *American Journal of Public Health*. 103 (5), 813-821.

He, G. L. (2006) "The corrupt background to China's sex-selective fertility" [In Chinese], Retrieved from <http://archives.cnd.org/HXWK/author/HE-Qinglian/kd060723-4.gb.html>

Hesketh T. (2011) Selecting sex: The effect of preferring sons. *Early Human Development*, 87(11), 759-761.

Hollway, W. (2016) Feminism, psychology and becoming a mother, *Feminism and Psychology*, 26 (2), 137-152.

Kandiyoti, D. (1988). Bargaining with patriarchy. *Gender and Society*, 2(3), 274-290.

Kasun, J.R. (1999) *The War Against Population: The Economics and Ideology of*

Population Control, San Francisco: Ignatious Press.

Kelkar, G. (1992) "Women and Structural Violence in India" in J. Radford and D.E.H. Russell (eds.) *Femicide: The Politics of Woman Killing*, New York: Twayne Publishers.

Li, S. (2007). Imbalanced Sex Ratio at Birth and Comprehensive Intervention in China, 4th Asia Pacific Conference on Reproductive and Sexual Health and Rights. Hyderabad, India, Online article retrieved from <http://www.unfpa.org/gender/docs/studies/china.pdf>

Macklin, R. (1999) *Against relativism: Cultural diversity and the search for ethical universals in medicine*. New York: Oxford University Press.

Mallik, R. (2002) 'Sex Selection: A Gender-Based Preference for a Pregnancy', *Reproductive Health Matters*, 10(19): 189–90. [http://www.rhm-elsevier.com/article/S0968-8080\(02\)00031-9/abstract](http://www.rhm-elsevier.com/article/S0968-8080(02)00031-9/abstract)

Menon, N. (1995) The impossibility of 'justice': female foeticide and feminist discourse on abortion, *Contributions to Indian Sociology*, January-December, (1-2), 369-392.

Miller, E., B. Jordan, R. Levenson, and J.G. Silverman (2010) Reproductive coercion: Connecting the Dots Between Partner Violence and Unintended Pregnancy, *Contraception*, June 2010, 81(6), 457-9.

Murphy, R. (2003), Fertility and distorted sex ratios in a rural Chinese county: culture, state, and policy, *Population and Development Review*, 29 (4), 595-626.

Murphy, R. (2014) Sex Ratio Imbalances and China's Care for Girls Programme: A Case Study of a Social Problem. *The China Quarterly* 219:, pages 781-807.

NHFPC (2014) "NHFPC holds national conference on sex ratio at birth", 30 July 2014, Retrieved from http://www.chinadaily.com.cn/m/chinahealth/2014-07/30/content_18217722.htm

National Bureau of Statistics of China (2011) Social, science and technology statistics, tabulation on the 2010 population census of the People's Republic of China. Beijing: China Statistics Press.

National Informatics Centre (2015) <http://pmindiawebcast.nic.in>, accessed 16-10-2015.

Nie, J. B. (2005) *Behind the silence: Chinese voices on abortion*. Lanham, ML: Rowman and Littlefield.

- Nie, J.B. (2010) Limits of state intervention in sex-selective abortion: The case of China, *Culture, Health & Sexuality*, 12:2, 205-219.
- Patel, T. (2007) Introduction in Patel, T. (ed.) *Sex-Selective Abortion in India: Gender, Society and New Reproductive Technologies*, New Delhi: Sage Publications.
- Peng (1997) in Nie (2010) "Limits of state intervention in sex-selective abortion: The case of China, Culture", *Health & Sexuality*, 12:2, 205-219.
- Petchesky, R.P (1987) 'Foetal Images: The Power of Visual Culture in the Politics of Reproduction' in M. Stanworth (ed.) *Reproductive Technologies: Gender, Motherhood and Medicine*. Polity: London.
- Potdar, P., Barua, A., Dalvie, S., & Pawar, A. (2015). "If a woman has even one daughter, I refuse to perform the abortion": Sex determination and safe abortion in India." *Reproductive Health Matters*, 23(45), 114-125.
- Purewal, N. (2014) 'Disciplining the Sex Ratio: Exploring the Governmentality of Female Feticide in India.' *Identities: Global Studies in Culture and Power*
- Purewal, N. (2010) *Son Preference: Sex Selection, Gender and Culture in South Asia*, Berg: Oxford.
- Puri, S., Adams, V., Ivey, S., & Nachtigall, R. D. (2011). "There is such a thing as too many daughters, but not too many sons": A qualitative study of son preference and fetal sex selection among Indian immigrants in the United States. *Social Science & Medicine*, 72(7), 1169-1176.
- Radford, J. (1992) "Introduction" in J. Radford and D.E.H. Russell (eds.) *Femicide: The Politics of Woman Killing*, Twayne Publishers, New York.
- Raj, A., Sabarwal, S., Decker, M. R., Nair, S., Jethva, M., Krishnan, S., and Silverman, J. G. (2011). Abuse from in-laws during pregnancy and post-partum: qualitative and quantitative findings from low-income mothers of infants in Mumbai, India. *Maternal and child health journal*, 15(6), 700-712.
- Registrar General of India (2008) *Sample Registration System*.
- Registrar General of India (1998) *Sample Registration System*.
- Rew, M., Gangoli, G., and Gill, A. K. (2013). "Violence between female in-laws in India." *Journal of International Women's Studies*, 14(1), 147.
- Sen, A. (1990) 'More than 100 Million Women are Missing', *New York Review*, 20

December: 61–66.

SFPC (2002) 'Opinions on issues of managing increased sex ratio at birth imbalance', State Family Planning Commission. [In Chinese]

Smart, C. (1989) *Feminism and the Power of Law*. London: Routledge.

Thiel de Bocanegra, H., D. Rostovtseva, S. Khera, & N. Godhwani (2010) "Experiences with Birth Control Sabotage and Forced Sex of Women in Domestic Violence Shelters," *Violence Against Women*, 16(5): 601-612.

Unnithan-Kumar, M. (2010) 'Female Sex Selective Abortion - beyond 'Culture': Family-making and Gender Inequality in a Globalising India. *Culture, Health and Sexuality*, 12 (2), 153-166.

Visaria, L. (2007) 'Sex-selective abortion in Gujarat and Haryana: Some Empirical Evidence in L. Visaria and V. Ramachandran (eds.) *Abortion in India: Ground Realities*, Routledge: New Delhi.

Visaria, L. V. Ramachandran, B. Ganatra and Shveta Kalyanwala (2007) 'Abortion Use and Practice: Evidence, Challenges and Emerging Issues' in L. Visaria and V. Ramachandran (eds.) *Abortion in India: Ground Realities*, Routledge: New Delhi.

Warren, M.A. (1985) *Gendercide: The Implications of Sex Selection*, Rowman & Allanheld.

Warren, M.A. (1999) Sex selection: Individual choice or cultural coercion?, in H. Kuhse and P. Singer (eds.) *Bioethics: An anthology*, , 137–42. Oxford: Blackwell.

Wei, Xinghe and Lijuan Gao (2007) 'Analysis and recommendations on the policies of the care for girls campaign – a gender perspective' [In Chinese], *Sixiang zhanxian*, 33 (3), 80-85.

Wilson, M. and M. Daly (1992) "Til Death Do Us Part" in J. Radford and D.E.H. Russell (eds.) *Femicide: The Politics of Woman Killing*, New York: Twayne Publishers.

¹ The sex ratio is reflected in demographic terms differently in India and China. In India the sex ratio is represented as the number of females to every 1000 males. In China the sex ratio is represented as the number of males to every 100 females. Thus, a sex ratio showing a continuing skew against females would be declining in India, while the same pattern would be expressed as increasing in China.

² Other means of sex-selection, such as sperm-sorting and pre-implantation sex-selection of embryos were only lofty aspirations, and in fact many commentators foresaw that such

technology would not be available in the near future. These new forms of technologies offer new alternatives of sex-selection beyond the abortion question.

³ It should be noted that as of March 2013, the Ministry of Health and the National Population and Family Planning Commission merged into one ministry, the National Health and Family Planning Commission.

⁴ The MTP Act of 1971 made abortion legal up to 20 weeks of gestation but not after. An amendment, which is pending, was proposed in 2014 to extend this to 24 weeks.